

**Veterans Care Center Advisory Committee  
Meeting Minutes  
October 18, 2006**

**DRAFT**

A meeting of the Veterans Care Center Advisory Committee (VCCAC) was held on Wednesday, October 18, 2006 at the Hunter Holmes McGuire VA Medical Center, Building 507, 1221 Broad Rock Road in Richmond.

**Members Present:**

Vince Burgess, ex-officio	Worth Kenyon
Scott Brown	Louis Rossiter
Julia Dillon	Bill Van Thiel, ex-officio
Thad Jones, ex-officio	

**Members Absent:**

Karen Olichwier

**Others Present:**

S. Judson Stanley, Vice-Chair, Board of Veterans Services (BVS)  
Ron White, Department of General Services  
Roger Sullivan, Va. Veterans Coalition  
Tom Anderson, Va. Veterans Coalition  
Roger Overstreet, Va. Veterans Coalition  
Tom Briggs, Va. Veterans Coalition  
Henry Mack, Va. Veterans Coalition  
Orthea Hurcum, Va. Veterans Coalition  
Bill Cournow, Va. Veterans Coalition  
Connie Huck, Va. Veterans Coalition  
Eugene High, Va. Veterans Coaliton  
John T. Jackson, PVA representative to the JLC  
Arthur L. Myers, CAHAC  
Roz Trent, DVS  
Andrew Edwards, DVS

**Materials Distributed**

Draft minutes of June 14, 2006 meeting; Updated VCCAC Membership Listing; Request for Proposal – Long term Care Feasibility Study; DVS Point Paper – Sitter Barfoot Veterans Care Center; Fisher House Update; Presentation to the House Appropriations Committee (September 18, 2006)

**Call to Order and Welcome**

Vince Burgess called the meeting of the VCCAC to order at 11:10 a.m. He welcomed Judson Stanley, newly elected Vice-Chair of the BVS and Thad Jones, newly elected Chairman of the

BVS Care Center Sub-Committee. In this capacity, Mr. Jones serves ex-officio member of the VCCAC. In addition, the Commissioner welcomed Scott Brown, who succeeded Joe Williams.

### **Roll Call and Quorum Determination**

Roz Trent called the roll. Six (6) of the eight member committee were recorded as present. It was determined that there was a quorum. Louis Rossiter arrived after the roll was called.

### **Review and Approval of June 14, 2006 Minutes**

A **motion** was made by Thad Jones, seconded by Worth Kenyon, and passed unanimously to approve the minutes of the June 14, 2006 meeting.

### **Commissioner's Comments**

National legislation being tracked by DVS:

- *S.2762/H.R. 5671 ensures appropriate payment for cost of long term care payments to Veterans Care Center as at the same rate as a private nursing home.*

This bill has passed the Senate and has gone to the House. Congress is in recess, and the bill will be acted on upon their return. It was explained that presently, the VA can contract with private nursing homes for a veterans care contract at an all-inclusive rate (pays for room, medication, doctor's visits, lab work, etc.) for a certain period of time. The Virginia Veterans Care Center (VVCC), however, gets a per diem from the VA, which pays for about 1/3 of care. The VVCC is ineligible for a contract. Contracts are awarded based on service-connected disability percentage; however, for the VVCC, it does not matter. It will only get the per diem. This legislation addresses this issue and allows the VVCC to participate in the contractual arrangement.

There is strong indication that this bill will pass. Commissioner Burgess stated that the VCCAC will be provided a point sheet specifying the language of this legislation at the next meeting.

- *S.2766 transfers property from DoD to Virginia Radford Army Ammunition Plant for the purposes of a veterans cemetery.*

Commissioner Burgess stated that it is anticipated that the final official paperwork on the transfer of this property to the Radford Army Ammunition Plant should take place by Winter/Spring 2007. Congressman Boucher and Senator Allen have been very much involved with legislation.

### **House Appropriations Committee Presentation**

Included in the agenda packet was a copy of the September 18, 2006 presentation given by Commissioner Burgess to the House Appropriations Committee (HAC). The presentation was very received by HAC staff.

## **Concerns Addressed:**

Auditor of Public Accounts (APA) Report - DVS is addressing the specific findings of the APA Report through the installation of a Financial Management System (FMS) and by developing proper procedures/policy and ensuring they are implemented throughout the agency. DVS will be providing the Department of Accounts with a status report every three months. The BVS Budget and Strategic Planning Sub-Committee will review the status report and a full report will be presented to the BVS. The VCCAC and JLC will receive a copy of the status report as well.

The Financial Management System (FMS), an automated financial system, is critical to the Department's success in keeping track of and monitoring expenditures and funds that have been allocated to the agency in an effective manner. The FMS will be finalized by the end of the fiscal year, and will be used in presenting the operational budget to the BVS.

## Executive Order (EO) 19 Status and Legislative Process for 2007 General Assembly Session

An Interim Report has been submitted to the Governor. The Report discusses the current initiatives of agencies, building the foundation for the Final Report to be submitted to the Governor in April 2007. The goal of EO 19 is to provide a roadmap for how Virginia can rank as one of the top five states in the country for providing benefits and services for veterans. Once accepted, all boards will receive a copy of the Interim Report.

As a result of EO19, a meeting was held on October 5<sup>th</sup> with the Chair of the BVS (Vice-Chairman, Judson Stanley attended); JLC Chairman and Vice Chairman, Mason Botts and Sam Wilder; representatives from the Virginia Military Advisory Council (VMAC); and representatives from the Virginia Citizen Soldier Support Council (VCSSC). Also present were representatives of the Virginia National Guard, the Office of the Secretary of Public Safety, and the Department of Veterans Services. The purpose of the meeting was to develop a proposed joint list of legislative initiatives, which was embraced by all organizations. A full listing of legislative initiatives will be presented to the Governor and the Governor's Policy Office. It is envisioned that the Governor's Office will support some of these initiatives during the next session of the General Assembly. EO19 provided a mechanism for state agencies to work together on improving services to Virginia's veterans. A result of EO19 will be a roadmap for how Virginia can rank as one of the top five states in the country for providing benefits and services for veterans.

The final report of EO19 is due April 30, 2007.

## Fisher House Update

Updated information, received from Jim Weiskopf, Vice President of Communications for the Fisher House Foundation regarding the Fisher House initiative, is as follows:

- The USDVA has accepted a proffer from the Fisher House Foundation to build a Fisher House on the grounds of the Hunter Holmes McGuire VA Medical Center in Richmond.
- Initial estimates for the McGuire Fisher House
  - 21 rooms

- 16,000 square feet
- 12 living suites on the first floor and 9 suites on the second floor
- Will have a floor plan similar to 21-room houses under construction in Tampa and San Antonio
- Next Steps
  - The Fisher House Foundation will send a team – including an architect – to discuss site selection and other issues with the McGuire VAMC staff. This will probably be scheduled sometime within the next month
  - Sometime after this meeting, a site on the McGuire VAMC campus will be selected
  - The Fisher House Foundation architect(s) will then prepare architectural plans
  - The Fisher House Foundation construction manager will draw up specifications for the project, and will send out construction bids to firms in the Richmond area
- The Fisher House Foundation anticipates beginning construction of the McGuire Fisher House in early/mid 2007, with completion in late 2007

Virginia Military Survivors and Dependents Education Program (VMSDEP) – (formerly the Virginia War Orphans Education Program). This program has gotten additional interest and involvement of family members, spouses and children who qualify. The eligibility for this program has been expanded to include spouses, and the upper age of qualifying children was raised from 25 to 29.

**Issue:** The Code of Virginia requires colleges and universities to waive tuition and required fees. In addition, the law provides for the waiver of room, board, books and supplies, but makes these waivers contingent on funds being appropriated or donated funds being received. There are issues with how the language is written (*i.e. ...from such funds as may be appropriated...*). Because no funds have been specifically appropriated to support VMSDEP, the colleges and universities do not waive room, board, books, and supplies. DVS is working with Delegate Janis, sponsor of HB1272 during the 2006 General Assembly, and the Governor's Office on this issue.

Marketing and Outreach – Anne Atkins, DVS Director of Communications, will give a presentation on the DVS Communication Plan at the next meeting of the VCCAC.

### **Old Business:**

Bill Van Thiel reported as follows:

#### Sitter-Barfoot Veterans Care Center (SBVCC) Operational Plan

- January – advertising for Care Center Administrator
- February – advertising for Department Heads
- Developing policies and procedures
- Commissioner Burgess has signed and sent the letter for VA certification for SBVCC to participate in the VA program and the per diem program.

### Nursing Assistant Training Program:

Due to staffing issues, staffing levels, etc. at the Virginia Veterans Care Center, the facility had stopped the training of nursing assistants, but has since reapplied for training. The SBVCC must be open for at least two years before nursing assistants can be trained; however, SBVCC will be contacting schools in Richmond that train nursing assistants, as well as private training facilities. Recruitment for nurses/nursing assistants will be difficult in Richmond due to the vast number of health care facilities in the area. As VVCC is the training center for the Virginia Western LPN Program, plans are to have that same affiliation to give training at SBVCC.

### Suggested Schools to Contact:

- J. Sargeant Reynolds Community College
- MCV
- Virginia State University RN (Associate Degree Program)
- Paralyzed Veterans Program – aimed at nursing education specifically for spinal cord injury for nursing assistants to move to LPN to RN. (John Jackson will submit additional information)
- Richmond Technical Center
- Thomas Nelson Community College
- St. Francis Hospital
- Bon Secours

### Virginia Veterans Care Center (VVCC) Operational Update

- 9 vacancies (5 in Dom section)
- Problems with keeping nurses
- Storage Building is operational (Certificate of Occupancy received)
- Laundry will be operational by the end of November (waiting for stainless steel duct work to be done); machines on site; floors are redone
- Renovations underway (glitch with covering of hand rails)

Currently, the VVCC is waiting for federal/state surveyors to inspect the facility. Surveys are conducted annually by the state. Also, there is a contract with the federal government to conduct federal surveys for Medicaid/Medicare and licensure surveys. Federal surveyors normally send 4-5 surveyors and spend one week at a facility. The VA surveys are conducted annually; with 12-16 surveyors in one day. The social worker and nursing personnel spend one week. The state reviews patient care plans, hands-on care, medication passes, and environmental issues. Within two weeks of the federal/state survey, the State Fire Marshall does an inspection.

### Sitter-Barfoot Veteran Care Center Construction Update

Ron White gave a visual view of the construction of the Sitter-Barfoot Veterans Care Center (SBVVC). He stated that the SBVVC is a state-of-the-art facility, designed with a single occupant for each bedroom. Research supports that the design criteria of the building is the superior way of arranging health care for veterans and is far superior to double occupancy rooms.

### General construction update:

- Storm water and site draining is complete, with exception of roof drains and some areas in courtyard between the cafeteria, the public areas and the main entrance

- Underground mechanical, electrical and plumbing rough ends complete
- Slabs are complete
- Interior wall framings in patient area 3, 2-A and 4-B complete
- Interior plumbing rough ends complete with exception of patient areas 1-A (access to courtyard)
- Electrical rough ends completed in all areas with exception of patient area 1-A
- Roof shingles and exterior windows complete in all areas with exception of patient area 1A
- EPD and roofing complete with exception of loading dock and main entrance area
- Exterior siding complete except for few fascia trim pieces
- Brick venire complete in all areas with exception of patient area 1-A
- Wall board complete in wing 3 and 4 and 1 wing of Alzheimer's Unit
- Spray-on fire-proofing – 90% complete
- Prime painting partially complete
- Ceiling grid installed in patient areas 3 and 4; 40% complete in patient area 2-A
- Timber Trust Construction (roof structure for Physical and Occupational Therapy and main lobby) – complete with exception of heavy timber between patient area 3 and 2-A

#### Construction Schedule

- 13 days behind schedule; however, things that had been planned to be done in the future are now being done. Catching up and will be on time for delivery of building.
- Substantial Completion: April 2007
- Final Completion: May 2007
- 75% complete
- \$13.5 million spent thus far; construction contract \$19.4 million for 160-bed facility

Judson Stanley questioned why there was a change in design to the SBVCC than was originally discussed. He stated that he and members of the BVS were originally told that the SBVCC was designed specifically so that in future years, additional wings could be added for additional beds. He further asked if it were possible to make an addition to the SBVVC for assisted living, even if the design is a two-story building.

Ron White responded that the original plan was designed to take maximum advantage of available land (21 acres), while still keeping the new center to a residential scale. This would give a more home-like setting (one-story), rather than an institutional-like setting (two-story). He further stated that a two-story building would be out of scale with the rest of the building.

Mr. Stanley stated that Delegate Cox's budget amendment was for an 80-bed addition. He believed that the funding from the VA would most likely be forthcoming. With this funding, he asked how the building could be designed to have the additional 40 beds.

Ron White stated that Commissioner Burgess has been looking into alternative ways of addressing future needs for domiciliary patients (40 that could not be accommodated in the current design). However, Mr. White stated that, if desired, instead of having the design of single occupancy bedrooms, the floor area of bedrooms could be marginally increased to accommodate an additional bed and have a double-occupancy domiciliary wing without having

to build two-stories. If this is done, it would contradict the quality of care, which was the reason for the original design.

Commissioner Burgess intervened. He thanked Mr. Stanley for opening the discussion. He stated that, in essence, the building could be two-story. Ecstatically, it would not be desired, but this could be done. Costs may be prohibited; however, this would need to be addressed. He stated that the possibility of having double-occupancy rooms could be considered. However, he stated that presently with all information available, construction of the building with a 40-bed addition is the likelihood. As prerogative of the Chair, Commissioner Burgess opened the meeting for public comment.

The following persons gave public comment:

- Judson Stanley, Vice-Chairman, Board of Veterans Services
- Roger Sullivan, Va. Veterans Coalition
- Tom Anderson, Va. Veterans Coalition
- Roger Overstreet, Va. Veterans Coalition
- Tom Briggs, Va. Veterans Coalition
- Henry Mack, Va. Veterans Coalition
- Orthea Hurcum, Va. Veterans Coalition
- Bill Cournow, Va. Veterans Coalition
- Connie Huck, Va. Veterans Coalition
- Eugene High, Va. Veterans Coaliton
- John T. Jackson, PVA-JLC
- Arthur L. Myers, CAHAC

All expressed grave concerns regarding the announced reduction in the number of beds (not rooms) for the domiciliary addition planned at the Sitter-Barfoot Veterans Care Center. It was commented that there was a break-down in communications between the DVS and veterans service organizations regarding the decision to reduce the number of beds from 80 to 40. Several suggestions were made as to how the 80 beds could be accommodated.

After discussion, Commissioner Burgess thanked everyone for coming and expressing their concerns. He asked Bill Van Thiel to give further explanation regarding the reduction in beds.

First, Mr. Van Thiel emphasized that 40-beds were not taken from the facility, rather a conscious decision was made to change the design of the building to have a smaller Alzheimer's unit (reduced from 60 beds to 40 beds). He stated that the reduction had nothing to do with money or the footprint of the building, but the need to reduce the size of the unit. He stated that a 60-bed alzheimers/demensia unit was too big. The number of patients, staff, and visitors in the unit allowed too much external stimulation and distractions for Alzheimer's patients. He further explained that the changed design allows space for patients to wander, and incorporates space for two 20-patient dining rooms and a day-room built between the two dining rooms.

Mr. Van Thiel stated that it would not have been feasible to add 20 beds onto the end of the wing because of the desire to provide a home-like environment rather than an institutionalized

environment. He stressed the need to provide a quality of life environment for the patients and the best quality care. He commented that institution-like environments are not good for persons who will be living at the facility for long periods of time.

Secondly, Mr. Van Thiel explained that the other 20 beds were part of the cost cutting. A conscience effort was made to take 20 beds from the assisted living unit because of the need for nursing/health care beds. He stressed that the facility is a health care facility, and not a homeless shelter.

Mr. Van Thiel emphasized that the decision was made to build the facility to provide the best medical care for veterans on the property that was given. He commented that it will not meet the needs of veterans across the state. For that reason, he stated that the DVS will submit a Request for Proposal (RFP) for a Long Term Care Center Feasibility Study to assist the department in understanding the market potential for additional long term care facilities for Virginia's veteran population. The RFP will be submitted next week. The Feasibility Study will study the entire state, addressing age groups, current veterans living in the state, active military and migration.

Commissioner Burgess stated that he is relying on the study to address all issues, but he felt that institutionalizing people in wards is not what is desired for veterans. He stated that the feasibility study will assist the department in determining what is available and how all resources in the Commonwealth can be used to address the need.

Lou Rossiter stated that there were two issues were of concern stated from public comment: (1) lack of communication regarding the reduction of rooms, and (2) reasons why decisions were made. He stressed that DVS should communicate clearly that certain changes were made to the design of the building and those changes reflect the state-of-the-art method of building health care facilities due to the number of appropriate beds for Alzheimer's unit and the need for private rooms because of heightened awareness of infectious diseases.

Worth Kenyon stated that the VCCAC, as an Advisory Committee, recommends that since an initial promise for a 240-bed facility was made, emphasis should be placed on taking steps to determine how this can be accommodated.

Commissioner Burgess apologized for the lack of communication with the veteran community. He stated that steps would be taken to look into what could be done to provide the additional 40 beds. He stressed, however, that he could not promise that the 40 beds would be added, but would investigate whether or not it could be done. Judson Stanley stated that if a decision had been made that the additional 40 beds were not needed, it should have been communicated because it put those who went to legislators/Congress for funding in an awkward position of having asked for funds that were not really needed.

A suggestion was made that in addition to double occupancy, a third wing could be added to the facility, and this would not interfere with the design.

Commissioner Burgess stated that the Long Term Care Feasibility Study is critical. He suggested that once a company is chosen, a presentation be made to the Committee. Once a



company is selected to conduct the study, the representative will present the plan to the Committee. The RFP will be released on Monday, October 23. A pre-bid conference call will take place on November 2. Commissioner Burgess recommended that the VCCAC be involved in the final selection process.

Mr. Rossiter asked that the records reflect that the VCCAC discussed the 40-bed shortfall and recalled that the decision was based upon state-of-the-art changes in the Alzheimer's unit and new design specifications that called for single beds being preferred. In addition, the 40-bed shortfall was not because demand was unrecognized and was not because the budget was cut.

**Scheduled Date/Location of Next Meeting**

Commissioner Burgess suggested that the Committee meet after the proposals for the Feasibility Study are reviewed. Members will be advised of the next meeting date.

**Adjourn**

There being no future business, the meeting adjourned at 1:30 p.m.